UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In re: KRISTOPHER T WELLINGTON | Case No. 15-31331 |
|--------------------------------|-------------------|
| Debtor(s) | |

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on <u>09/14/2015</u>.
- 2) The plan was confirmed on 01/13/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on NA .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was completed on 02/20/2019.
 - 6) Number of months from filing to last payment: 41.
 - 7) Number of months case was pending: 44.
 - 8) Total value of assets abandoned by court order: NA.
 - 9) Total value of assets exempted: \$20,550.00.
 - 10) Amount of unsecured claims discharged without payment: \$34,590.81.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$23,477.05 Less amount refunded to debtor \$2,977.05

NET RECEIPTS: \$20,500.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$3,900.00
Court Costs \$0.00
Trustee Expenses & Compensation \$923.00
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$4,823.00

Attorney fees paid and disclosed by debtor: \$100.00

| Scheduled Creditors: | | | | | | |
|--------------------------------|-----------|-----------|----------|----------|-----------|--------|
| Creditor | | Claim | Claim | Claim | Principal | Int. |
| Name | Class | Scheduled | Asserted | Allowed | Paid | Paid |
| ACL INC | Unsecured | 132.00 | NA | NA | 0.00 | 0.00 |
| ACL INC | Unsecured | 239.00 | NA NA | NA NA | 0.00 | 0.00 |
| ACMC PHYSICIAN SER | Unsecured | 100.00 | NA NA | NA NA | 0.00 | 0.00 |
| ADVOCATE CHRIST MEDICAL CENT | Unsecured | 3,754.00 | NA | NA | 0.00 | 0.00 |
| ADVOCATE MEDICAL GROUP | Unsecured | 977.00 | NA | NA | 0.00 | 0.00 |
| ADVOCATE MEDICAL GROUP | Unsecured | 70.00 | NA NA | NA | 0.00 | 0.00 |
| ADVOCATE MEDICAL GROUP | Unsecured | 53.00 | NA NA | NA | 0.00 | 0.00 |
| ASSOC UROLOGICAL | Unsecured | 183.00 | NA | NA | 0.00 | 0.00 |
| CAPITAL ONE AUTO FINANCE | Unsecured | 7,805.00 | NA | NA | 0.00 | 0.00 |
| CAPITAL ONE AUTO FINANCE | Secured | 7,805.00 | 7,545.57 | 6,768.32 | 6,768.32 | 444.56 |
| CHRIST HOSPITAL | Unsecured | 3,754.00 | NA | NA | 0.00 | 0.00 |
| CHRIST HOSPITAL | Unsecured | 3,754.00 | NA | NA | 0.00 | 0.00 |
| CITY OF CHICAGO DEPT OF REVENU | Unsecured | 900.00 | 900.00 | 900.00 | 167.19 | 0.00 |
| CITY OF OAK LAWN | Unsecured | 200.00 | NA | NA | 0.00 | 0.00 |
| CTA SOUTH SHOP FED CRED UN | Unsecured | 2,982.00 | NA | NA | 0.00 | 0.00 |
| FINANCIAL CONTROL SOLUTIONS | Unsecured | 238.00 | NA | NA | 0.00 | 0.00 |
| ILLINOIS COLLECTION SVC | Unsecured | 330.00 | NA | NA | 0.00 | 0.00 |
| INTERNAL REVENUE SERVICE | Unsecured | 319.00 | 1,848.69 | 1,848.69 | 343.43 | 0.00 |
| INTERNAL REVENUE SERVICE | Priority | 3,936.00 | NA | NA | 0.00 | 0.00 |
| INTERNAL REVENUE SERVICE | Priority | 128.00 | 6,905.17 | 6,905.17 | 6,905.17 | 0.00 |
| MIDWEST DIAGNOSTIC PATHOLOGY | Unsecured | 92.00 | NA | NA | 0.00 | 0.00 |
| OAKLAWN RADIOLOGY IMAGING | Unsecured | 448.00 | NA | NA | 0.00 | 0.00 |
| OAKLAWN RADIOLOGY IMAGING | Unsecured | 448.00 | NA | NA | 0.00 | 0.00 |
| SOUTH SHOP FCU | Secured | NA | 0.00 | 0.00 | 0.00 | 0.00 |
| SOUTH SHOP FCU | Unsecured | 4,475.00 | 3,597.30 | 3,597.30 | 668.28 | 0.00 |
| SPEEDY CASH | Unsecured | 1,300.00 | NA | NA | 0.00 | 0.00 |
| SPEEDYRAPID CASH | Unsecured | 1,352.00 | 2,045.77 | 2,045.77 | 380.05 | 0.00 |
| SUN LOAN # 249 | Unsecured | 252.00 | NA | NA | 0.00 | 0.00 |
| UNITED RECOVERY SERVICE | Unsecured | 647.00 | NA | NA | 0.00 | 0.00 |

| Claim | Principal | Interest |
|------------|--|--|
| Allowed | <u>Paid</u> | <u>Paid</u> |
| | | |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6,768.32 | \$6,768.32 | \$444.56 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6,768.32 | \$6,768.32 | \$444.56 |
| | | |
| \$0.00 | \$0.00 | \$0.00 |
| \$0.00 | \$0.00 | \$0.00 |
| \$6,905.17 | \$6,905.17 | \$0.00 |
| \$6,905.17 | \$6,905.17 | \$0.00 |
| \$8,391.76 | \$1,558.95 | \$0.00 |
| | \$0.00 \$0.00 \$6,768.32 \$0.00 \$6,768.32 \$0.00 \$6,905.17 \$6,905.17 | Allowed Paid \$0.00 \$0.00 \$0.00 \$0.00 \$6,768.32 \$6,768.32 \$0.00 \$0.00 \$6,768.32 \$6,768.32 \$0.00 \$0.00 \$0.00 \$0.00 \$6,905.17 \$6,905.17 \$6,905.17 \$6,905.17 |

| Disbursements: | | |
|---|---------------------------|--------------------|
| Expenses of Administration Disbursements to Creditors | \$4,823.00 \$15,677.00 | |
| TOTAL DISBURSEMENTS : | | <u>\$20,500.00</u> |

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 05/03/2019 By: /s/ Tom Vaughn
Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.